



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
CHONG		Frank	A.	295-9600
MAILING ADDRESS (Street)			FAX	
1357 Kapiolani Blvd #1250			973-2625	
(City)	(State)	(Zip Code)		
Honolulu	HI	96814		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	

MAILING ADDRESS (Street)			FAX	

(City)	(State)	(Zip Code)		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
AlohaCare			973-1650
MAILING ADDRESS (Street)			FAX
1357 Kapiolani Blvd #1250			973-2625
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Cindy Neeley			973-1650
MAILING ADDRESS (Street)			FAX
1357 Kapiolani Blvd #1250			973-2625
(City)	(State)	(Zip Code)	
Honolulu	HI	96814	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

☒ Human ServicesScience, Technology &
Economic DevelopmentCommunications &
Public Utilities☒ Government Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation☒ HealthPlanning, Land & Water
Use Management

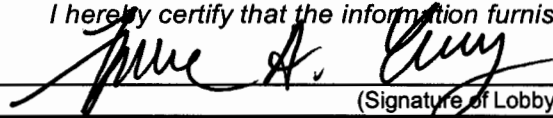
Other: (indicate below)

Ecology, Energy
Environmental Protection☒ Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)1/31/05
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

John McComas

Chief Exec Officer

NAME OF ORGANIZATION (if applicable)

AlohaCare

TELEPHONE

973-1650

MAILING ADDRESS (Street)

1357 Kaprolani Blvd

FAX

973-2625

(City)

Honolulu

(State)

HI

(Zip Code)

96814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)2/4/05
(Date)